Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003								10714143					
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL EN	NTITY	OR	OTHER THAN R SMALL ENTITY		
TC	OTAL CLAIMS		20	!			- 1	RATE	FEE	1 /	RATE	FEE	
FO	)R		NUMBER I	FILED	NUMB	BER EXTRA		BASIC FEE	385.00	OR	BASIC FEE	770.00	
тс	OTAL CHARGEA	ABLE CLAIMS	29 min	29 minus 20=		0		X\$ 9=		OR	X\$18=		
	DEPENDENT CL		11			,		X43=	43	OR	X86=		
MU	JLTIPLE DEPEN	NDENT CLAIM PF	RESENT					+145=		OR	+290=		
* If	the difference	in column 1 is	less than ze	less than zero, enter "0" in column			L	TOTAL	428	OR	L		
	C	CLAIMS AS A (Column 1)	MENDED	MENDED - PART II (Column 2)				SMALL	ENTITY	OR	OTHER SMALL E		
AMENDMENT A	•	CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	IEST BER DUSLY	(Column 3) PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NON	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
AME	Independent	*	Minus	*** PENDENT	- OL AIM	=		X43=		OR	X86=		
Ш	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						<sup> </sup> [	+145=		OR	+290=		
							L	TOTAL ADDIT. FEE			TOTAL ADDIT. FEE		
		(Column 1)		(Colun		(Column 3)	· _	.UUII. FEL .			ADDII. I EE		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NON	Total	*	Minus	**	· · · · · ·	=	[	X\$ 9=		OR	X\$18=		
AME	Independent	* NTATION OF MU	Minus	*** PENDENT	CLAIM	=		X43=		OR	X86=		
	FIRST TILES.	NIATION OF THE	/LITEL DE	EINDLIVI	CLXIII.	<u></u>	<b>'</b>	+145=		OR	+290=		
					٠		. A	TOTAL ADDIT. FEE		OR ,	TOTAL ADDIT. FEE		
		(Column 1)		(Colum		(Column 3)	-						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NDM	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
AME	Independent	*	Minus	***		=		X43=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145= .		OR	+290=		
**	If the "High st Nun	mn 1 is less than the mber Previously Pa imber Previously Pa	aid For IN THIS	S SPACE is	s less than	n 20, enter "20."	L	TOTAL DDIT. FEE			TOTAL ADDIT. FEE	·	
		nber Previously Paid					r foun	nd in the app	ropriate box	t in coli	umn 1.		